

ANNEX M

LOCAL PUBLIC HEALTH EMERGENCY ANNEX

I. PURPOSE

This local public health emergency plan has been developed to assist the Christian County Health Department in protecting the health and safety of its citizens should a local public health emergency; be it natural or deliberate, affect the community.

II. SITUATION AND ASSUMPTIONS

- A. Christian County is located between Springfield and Branson in southwest Missouri. Counties that border Christian are: Taney to the south, Greene to the north, Douglas to the east, Stone to the southwest, and Lawrence to the west.
- B. Based on the 2000 estimates, the land area of Christian County is 564 square miles with a population of about 48,000. The incorporated cities (including population) within the County are: Billings (1,220), Clever (1,200), Nixa (13,000), Ozark (9,400), Sparta (1,000), and Highlandville (722).
- C. Christian County is vulnerable to many hazards, all of which have the potential to disrupt the community, cause damage, and create casualties. The identified natural hazards include flooding, tornadoes, wildfire, drought, wildfires, earthquake and severe winter storms. Other technological disasters include dam failure, urban fire, terrorism, hazardous materials incidents, power failure, subsidence, and transportation accidents. There is also the threat of a war-related incident such as a nuclear attack.
- D. This plan is supported by the Christian County Emergency Operations Plan, which describes the overall emergency response procedures for our community.
- E. Christian County has capabilities and resources, which, if effectively employed would minimize or eliminate the loss of life and damage to property in the event of an emergency or major disaster. This must include the utilization of private and volunteer organizations to the greatest extent possible.
- F. Mutual aid agreements, both verbal and written, exist between all the Fire Departments serving Christian County. A mutual aid agreement also exists with the Logan-Rogersville Hazardous Materials Response Team. Verbal mutual aid exists between the Christian County Ambulance Service and the ambulances serving Greene, Stone, Taney and Douglas counties. Verbal mutual aid exists between the County Sheriff's Department and the Police Departments in all of the municipalities in Christian County.

- G. This emergency management plan is being developed and maintained pursuant to Missouri State Law, Chapter 44, RSMo, and Federal Emergency Management Agency (FEMA) guidance
- H. Depending on the severity and type of event, local public health resources may be overwhelmed. Reference any mutual aid agreements local public health has entered into with another entity, including the public health regional plans. For instance, if the local public health administrator has signed an agreement with another county to borrow nurses for vaccine delivery, indicate the agreement and where it can be found.

III. CONCEPT OF OPERATIONS

A. General Information

1. It is the responsibility of the local public health agency (LPHA) to prepare for a local public health emergency. When the local public health emergency exceeds the ability of the LPHA to handle the situation, the Christian County Health Department will coordinate with the Missouri Department of Health & Senior Services, Springfield/Greene County Health Department, local physicians and Christian County Emergency Management to address the needs of the community.

The LPHA Administrator shall be responsible for implementing the LPHEP in collaboration with the Christian County Emergency Management Director

2. Staff and any group included in the plan will be briefed on the entire plan. Training will be provided to staff and others to assist them in their emergency response responsibilities.
3. The Christian County Health Department maintains their own Emergency Operations Plan. Major components of that plan are incorporated here. Specific operations are listed in the LPHA plan and are kept current and up to date by the county health administrator.
4. This plan will be exercised as needed to test specific parts of the plan according to established guidelines.
5. In the event of a public health emergency, day-to-day routine operations of CCHD shall be suspended as deemed appropriate by the Administrator.
6. Emergency operation of CCHD will be conducted at the local office located at 301 E. Brick, Ozark, MO or through the EOC located in the Judicial Center in Ozark, MO. The Administrator or Assistant Administrator will act as liaison to the local emergency management agency if the EOC is activated.

7. In the event of a terrorism incident, the LPHA will coordinate public health assistance with local, state, and federal law enforcement agencies.

B. Operation Time Frames

This plan addresses all phases of emergency management concerning a local public health emergency. The following operational time frames are established to accomplish various tasks within public health.

1. Mitigation – A period of time when public health staff will undertake activities to improve the capabilities of public health, or eliminate threats, in regards to potential local public health emergencies.
2. Preparedness – A period of time when public health staff will undertake activities to improve the readiness of public health in regards to local public health emergencies.
3. Response – A period of time when public health staff will respond to local public health emergencies.
4. Recovery – A period of time when public health staff will provide for the welfare of the community and agency, and restore operations to normal after local public health emergencies.

IV. **ORGANIZATIONS AND ASSIGNMENT OF RESPONSIBILITIES**

A. Organization

1. Direction and Control
2. Information Technology and Communications
3. Public Information
4. Surveillance
5. Investigation
6. Prevention of Secondary Transmission
7. Isolation/Quarantine
8. Mass Prophylaxis
9. Mass Patient Care

10. Mass Fatality Management
11. Nuclear and Chemical Incidents
12. Food borne or Water borne Outbreaks
13. Volunteer Management
14. Recovery

B. Assignment of Responsibilities

1. Specific agencies and staff are assigned primary responsibility for the functions previously listed in regards to a local public health emergency. Others are assigned a support responsibility to assist those assigned primary responsibilities.
2. It is the responsibility of primary and secondary assigned staff to understand their roles and responsibilities in the event of a local public health emergency.

V. **CONTINUITY OF LOCAL PUBLIC HEALTH ADMINISTRATION**

A. Lines of Succession

1. Administrator
2. Assistant Administrator
3. Environmental Public Health Specialist

B. Preservation of Records

1. The essential records for Christian County Health Department are located at 301 E. Brick, Ozark, MO.
2. In order to provide normal operations after a local public health emergency, all vital records must be protected and preserved. The following guidelines will apply:
 - a. The Custodian of Records of CCHD through the direction of the Administrator shall be responsible for day-to-day maintenance of records and documents vital to the operation of the agency.

- b. Resources for duplication of records and movement of records for safekeeping (in and out of the area) will be provided by CCHD.
- c. Preservation of records will be governed by applicable state statutes.

VI. ADMINISTRATION AND LOGISTICS

- A. Whenever possible, procurement of necessary resources will be accomplished using normal, day-to-day channels. In the event of a local public health emergency, in which such constraints might result in the loss of life and property, normal requisition procedures can be circumvented if the LPHA is organized under local government. The CCHD Board of Trustees must approve expenditures. An emergency Board meeting may be called by the Chairman for such emergency expenditures as requested by the Administrator. All resulting motions and expenditures shall become a permanent part of the Board of Trustee meeting minutes.
- B. Accurate records of all actions taken in a local public health emergency shall be maintained for the purposes of reimbursement, training, exercising and settling litigation issues.
- C. Disaster assistance from the state or federal government will be utilized in accordance with their provisions and statutes. Requests for federal assistance will be coordinated through the local emergency management agency.
- D. Discrimination on the grounds of race, color, religion, nationality, sex, age, physical impairment or economic status will not be allowed in the execution of local public health functions.

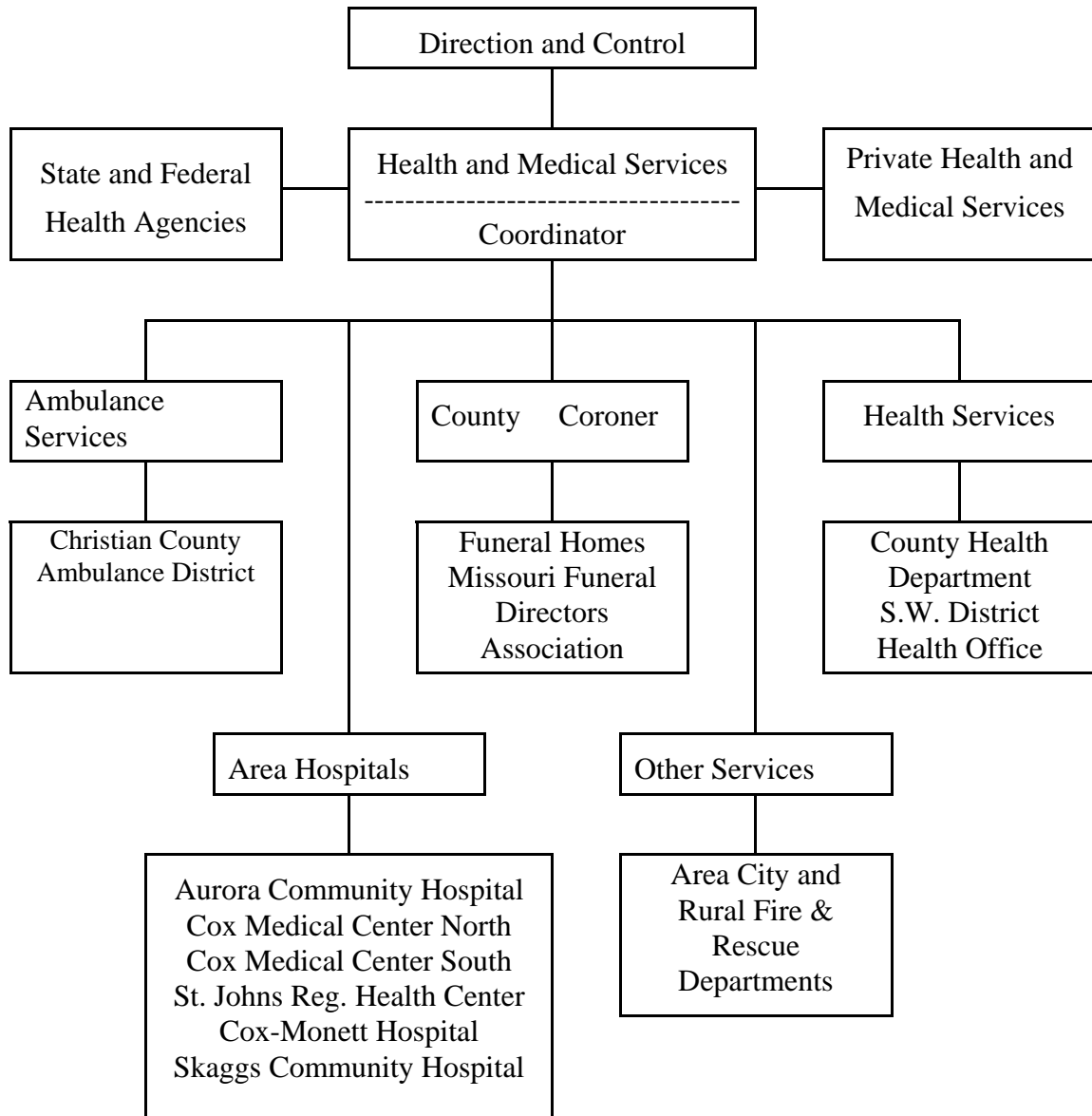
VII. PLAN DEVELOPMENT AND MAINTENANCE

- A. The plan will be developed and maintained by the local public health agency (LPHA) with information received from other participating agencies, medical facilities and voluntary agencies. The plan will be reviewed annually by LPHA and revised as necessary. Plans will be distributed to all staff and others who have a responsibility for a local public health emergency.
- B. Plan updates will be distributed to all staff and others who have a responsibility for a local public health emergency.

Appendices

1. Health and Medical Diagram
2. Primary & Support Responsibilities Chart
3. Health and Medical Resources
4. Local Assistance
5. Public Information
6. Surveillance
7. Investigation
8. Prevention of Secondary Transmission
9. Christian County Emergency Mortuary SOP

HEALTH AND MEDICAL DIAGRAM



Appendix 2 to Annex M

PRIMARY AND SUPPORT RESPONSIBILITIES CHART

FUNCTIONAL ANNEX	A	B	C	D	E	F	G	H	I	J	K	L	M	N
F U N C T I O N S T A F F P O S I T I O N	D I R E C T I O N & C O N T R O L	I N F O R M A T I O N & C O M M U N I C A T I O N S	P U B L I C I N F O R M A T I O N	S U R V E I L L A N C E	I N V E S T I G A T I O N	P R E V O F S E C T R A N S M I S S I O N	I S O L A T I O N / Q U A R A N T I N E	M A S S P R O P H Y L A X I S	M A S S P A T I E N T C A R E	M A S S F A T A L I T Y M A N A G E M E N T	N U C L E A R & C H E M I C A L I N C I D E N T S	F O O D / W A T E R B O R N E O U T B R E A K S	V O L U N T E E R M A N A G E M E N T	R E C O V E R Y
CCHD	P	S	P	P	P	P	P	P		S	S	P		S
Administrator	P	S	P				P	P	S	S	S		S	
Asst. Administrator	J	S	J					J					J	
EPHS					J	J						P		
Comm. Health Nurse				P	P	P	J					J		
County Commission	P	S	S								S			P
County Emergency Management Director	S	S	S			S	S	S	S	S	S		P	S
City/Rural Fire Departments	S	S		S				S	S	S	S			
County Coroner										P				
Red Cross								S	S			S	S	S
Hospitals									P					
Ambulance Services									P					
Division of Family Services														S

P = Primary Responsibility S = Support Responsibility * = Joint

Responsibility
Appendix 3 to Annex M

HEALTH AND MEDICAL RESOURCES

A. Hospitals

	<u>Telephone</u>
1. Aurora Community Hospital, 500 Porter, Aurora	678-2122
Beds: licensed 63, staffed 48	864-5181
2. Lester E. Cox Medical Center-North.....	269-3000
1423 North Jefferson, Springfield	
Emergency Room.....	269-3193
Beds: licensed/staffed 235	
3. Lester E. Cox Medical Center-South.....	269-6000
3801 S. National, Springfield	
Emergency Room.....	885-4083
Beds: licensed/staffed 462	
4. St. Johns Regional Health Center	885-2000
1235 East Cherokee, Springfield	
Emergency Room.....	885-2115
Beds: licensed/staffed 831	
5. Cox-Monett Hospital, 801 Lincoln, Monett	235-3144
Beds: licensed 78, staffed 53	
6. St. Johns Regional Medical Center.....	781-2727
2727 McClelland Blvd., Joplin	
Beds: licensed 367, staffed 345	
7. Skaggs Community Hospital	335-7000
N. Business 65 and Skaggs Road, Branson	
Beds:	

B. Ambulance Services

1. Cox Paramedics, Christian County	
Operator: Cox Health Systems	
Emergency	911
Business	581-3700

Vehicles: 6 Ambulances (3 manned 24 hrs. a day, 1 manned 12hr. Nixa unit, and 3 back-ups)

C. Air Ambulance Services (Helicopter)

1. Air Evac
West Plains, Missouri
Emergency.....800AIR-EVAC
Business.....800AIR EVAC
2. Cox Air Care (Lester E. Cox Medical Center)
Springfield, Missouri
Dispatch 869-0060
Emergency 801/375-1124
Business 417/836-3000
3. Hammons Life Line, (St. John's Regional Health Center)
Springfield, Missouri
Dispatch800-433-5433
Emergency 885-2000
Business 885-2300
4. Met Life, St. Johns Joplin
Joplin, Missouri
Dispatch.....417-625-2888
5. Spirit of Kansas City Life Flight
Kansas City, Missouri
Emergency 816/942-4357
Business816/943-2584 or 2719
6. Staff for Life, University of Missouri-Columbia
Columbia, Missouri
Dispatch800-325-5400
Emergency - Columbia 314/882-6003
Business - Columbia 314/882-4141

D. Health Services

1. Christian County Health Department 581-7285
County Courthouse, Mount Vernon
2. Southwestern District Health Office..... 895-6900
1150 East Latoka, P.O. Box 777, Springfield

E. Christian County Coroner

Arthur Adams, County Coroner.....581-8097
Ozark, MO

F. Missouri Funeral Directors Association (MFDA)

Neal Baucom, Area 8 Disaster Coordinator (MFDA Dists. 8 & 9)
Knell Mortuary, 914 E. 13th St., Carthage, MO 64836.....358-4221

G. Mortuary Services

1. Adams Funeral Home
504 W. Walnut, Ozark581-2400
2. Adams Funeral Home
109 Truman Blvd., Nixa.....724-2400
3. Harris Funeral Home
301 W. Church, Ozark581-2343
4. Harris Funeral Home
N. Main, Nixa.....725-3553
5. Meador's Funeral Home
314 N. Main, Republic (Branch in Clever)731-2535
6. Barnes Family Funeral Homes
1700 S 15th Ave, Ozark.....581-7811

Appendix 4 to Annex M

**Local Assistance
Hazardous Materials Response**

Department	Resource Type
Billings Fire & Rescue	Awareness Level
Clever Fire & Rescue	Awareness Level
Highlandville Fire & Rescue	Awareness Level
Nixa Fire & Rescue	Operations Level
Ozark Fire & Rescue	Operations Level
Sparta Fire & Rescue	Awareness Level
Chadwick Fire & Rescue	Awareness Level
Logan-Rogersville Fire & Rescue	Technician Level WMD Team
Springfield Fire Department	Technician Level WMD Team Bomb Team
Emergency Management Office	EOC activation Incident Management

PUBLIC INFORMATION

I. Purpose

To coordinate and deliver risk communication and public health information to the public during a local public health emergency.

II. Organization and Responsibilities

- A. The Administrator shall act as the Public Information Office for CCHD. She/he shall delegate this responsibility as deemed necessary. The Assistant Administrator shall assume this responsibility in her/his absence. If the EOC is activated, all media releases will be coordinated through the EOC and Emergency Management Director. To reduce panic and confusion within the community, it is imperative that releases be coordinated among all the agencies.
- B. Radio and television stations, websites, computer aided dispatch, indoor/outdoor warning systems, Emergency Alert System, cable interrupt, etc. will be utilized by the LPHA as available to disseminate information to the public.
- C. A list of volunteers will be maintained by CCHD and will be made available to the appropriate agencies in the event of an emergency. Volunteers shall include those with medical training in addition to individuals capable of doing interpretation for foreign languages.
- D. Media briefings will be conducted as necessary at 301 E. Brick, Ozark, MO, with alternate locations at Emergency Operation Center located in the Judicial Center, Ozark, MO.
- D. Refer to the county emergency plan for procedure on emergency sheltering and in-place sheltering and evacuation procedures.
- E. The Christian County Health Department has adopted the Health Status Alert System developed by the Springfield/Greene County Health Department. It uses a simple three-color coding system – green, yellow and red – for clarity.
- F. Most often the county will be in a Code Green. This means there are no immediate, serious health threats to the community. During Code Green information can be given out on a variety of health issues, including Flu Shot Clinic dates and times, how to mosquito-proof your yard, guidelines for storing bottled water, etc.
- G. If a health situation or threat endangers or affects the county, the health department

administrator may raise the Health Status to Code Yellow, or Health Caution. This Caution would be followed by specific information on what the situation or threat is, and what the public should do in response.

- H. Code Red, or Health Alert would be used in the case of a serious health threat or emergency. In the event of a bioterrorist attack, or confirmed case of smallpox the health department administrator would have the option to raise the county's health status to Code Red. This Alert would be followed by specific information on the threat or emergency and what the public should do to respond.
- I. The Health Status Alert System (HSAS) is being used by several counties in southwest Missouri. Cautions or alerts are issued for individual counties by that county's public health department administrator, or someone they designate.
- J. The following chart shows the color coded symbols and an explanation for each:

Health Status Alert System (HSAS)



Code Green means there are no serious health concerns to the general public at this time.

During Code Green the health department will use several resources including Public Service Announcements, newspaper articles, television news stories, website updates and handouts to educate the public on a variety of health topics.

During Code Green the health department encourages individuals and families to prepare a disaster plan, gather supplies for a Disaster Prep Kit, and talk to children, friends and neighbors about what to do in case of a disaster.



During Code Yellow the health department will provide information to the general public about a specific health-related incident or situation that may require attention. Examples may include a food recall, a confirmed case of tuberculosis that affects the public, a sewage spill, etc.

During Code Yellow the health department encourages the public to listen to local media messages, check the health department's website or call available automated hotlines for updated information.



Code Red communicates the highest level of importance and requires the public's immediate attention and action. Pertinent information about a specific health situation, potential danger and action to take will be given via media messages, on the health department's website, and on automated hotlines. Code Red will go into effect in the event of a bioterrorist attack or a single case of smallpox anywhere in the United States.

During Code Red it is critical that the public listen to instructions and follow them precisely. The health department has a plan in place to manage Code Red health disasters, but cooperation from the public is essential.

SURVEILLANCE

I. Purpose

To maintain a high alert surveillance system for the early detection of a possible local public health emergency.

II. Organization and Responsibilities

- A. The Community Health Nurses at CCHD trained in communicable disease investigation will utilize the disease surveillance system to monitor and identify disease trends within the county.
- B. The LPHA shall maintain and recruit reporting sites for weekly review of disease trends. These sites may include industry, schools, nursing homes, day care centers and clinics as appropriate. Reporting sites may change dependent upon day of operation and availability of personnel.
- C. The Senior Epidemiological Specialist at the DHSS District Office can be contacted at 417-895-6900.
- D. The LPHA will make immediate notification of unusual activity to the Division of Environmental Health and Communicable Disease Prevention or Center for Emergency Response and Terrorism's emergency notification number, 800-392-0272.

INVESTIGATION

I. Purpose

To assure the investigation of confirmed or suspected cases and contacts associated with an accidental or deliberate local public health emergency.

II. Organization and Responsibilities

- A. A Community Health Nurse trained in epidemiology and disease investigation is responsible for the investigations of confirmed or suspected cases of a communicable disease and contacts associated with a local public health emergency.
- B. Other persons trained in epidemiology in neighboring counties or DHSS employees may assist in the investigation as needed.
- C. Logistical assistance, such as office space and equipment will be made available to the Regional Assessment Teams (RAT) by the LPHA.
- D. Information that can be legally shared will be communicated to local law enforcement and emergency management personnel.
- E. In the event of a chemical or nuclear incident investigation, Department of Natural Resources (DNR) and local HAZMAT teams will lead the response.
- F. Following an incident, volunteers, investigators and responders shall be routinely monitored by the health department for possibility of illnesses related to the exposure or incident.
- G. Epidemiological case investigators shall utilize the state Epidemiology Manual for guidance during an investigation. This complete reference is located within the local health department at 301 E. Brick.

PREVENTION OF SECONDARY TRANSMISSION

I. Purpose

To prevent the secondary transmission of communicable diseases as a result of a local public health emergency.

II. Organization and Responsibilities

- A. The LPHA, in conjunction with the DHSS, local emergency management, and local authorities, will develop plans and procedures to be implemented if a life-threatening communicable disease emerges.
- B. The CCHD Administrator is responsible for coordinating the response for the LPHEP for each incident as is deemed appropriate. In his/her absence the Assistant Director or Senior Environmental Public Health Specialist will coordinate the response.
- C. The LPHA, experiencing a deadly communicable disease, will disseminate information, manage resources (medications/vaccines), and provide technical assistance in accordance with Annex K.1.7, Annex K. 1.8, and Annex K.1.9 (mass prophylaxis, mass care, and mass fatality) of the DHSS Emergency Response and Terrorism Plan.
- D. Medical personnel and LPHA personnel will provide the initial medical response to a secondary transmission from an infectious agent. The LPHA will track the occurrences of secondary transmissions and report this information to the district office. In the event of an outbreak, the LPHA will increase the number of participating health providers, collect and report data 7 days a week to the district or state office, as is applicable.
- E. The LPHA will work with local veterinarians and local conservation agents to enhance surveillance for zoonotic diseases within livestock, other domestic animal populations and wild animal populations. A list of local veterinarians is included in Volume 2/Response/Animals in Disaster.
- F. Inoculation, if indicated, of medical and emergency personnel and volunteers prior to, and immediately following, the identification of a deadly communicable disease shall be performed at CCHD or another identified location.
- G. The LPHA will establish quarantine or isolation measures, if necessary.
- H. No medical facilities exist within Christian County capable of housing patients in quarantine. A non-medical facility will be utilized as needed.
- I. Disposal of medical waste and treatment of laundry shall be done according to biohazard protocols.

- J. Food service shall be provided by a local commercial facility, senior center or school cafeteria located as close to the quarantine facility as feasible.
- K. The health status of workers will be monitored by the Community Health Nurse in collaboration with a local physician and referred for treatment as necessary.

CHRISTIAN COUNTY EMERGENCY MORTUARY SOP

CONCEPT OF OPERATIONS:

To establish means and methods for the most reasonable and proper care and handling of the dead in a mass casualty situation. The Mortuary Disaster Response Team is responsible for aiding the Christian County Coroner in the recovery, evacuation, identification, sanitation and preservation (such as embalming if necessary), notification of the next of kin and facilitating means for release of the identified dead to the next of kin or their agent.

COMMUNICATION PROCEDURES:

Upon the event of a disaster of any nature, which has caused multiple deaths the following persons should be notified immediately. Preferably in the order shown below but not limited to this order of priority:

1. Arthur Adams, County Coroner.....581-8097
Ozark
2. Mike Robertson, Sheriff581-2332

One of the above persons will immediately notify the Certified Disaster Coordinator below:

Neal Baucom, Area Disaster Coordinator (Area 8)
Missouri Funeral Directors Association (Districts 8 & 9)
Knell Mortuary
914 E. 13th St., Carthage, MO 64836
417/358-4221

This coordinator has been trained at the National Level by the Federal Emergency Management Agency and by the National Funeral Directors Association. This individual will go immediately to the site to lend his expertise and to act as liaison between the Missouri Funeral Directors Disaster Teams and the National Association should the scope of the disaster require supplies or personnel beyond our resources.

The Disaster Coordinator will notify the Missouri State Funeral Directors Association and will from time to time as conditions will permit issue briefings to the M.F.D.A. office with regard to additional supplies and as to progress with the mission.

AUTHORIZATION FOR ADMISSION OF DISASTER WORKERS INTO DISASTER SITE

All disaster workers must have in their possession the necessary identification card or pass, etc., as developed by the Emergency Management Director or responsible official to gain admission into the immediate disaster site area. These workers and members of the Mortuary Disaster Response Team will be required to register their name and address at the EOC or area designated for such purpose.

RECOVERY OPERATIONS GUIDELINES:

1. None of the dead shall be moved or touched by workers until the appropriate Sphere of Control, most usually the Coroner, has given approval.
2. Operations will be coordinated by the Coroner and MFDA Disaster Response Team Coordinator.
3. A survey and assessment of the situation will be made by the Coroner and Mortuary Disaster Response Team Coordinator. They will note the approximate number of dead, equipment and personnel needed.
4. Once workers have reported to the scene a briefing will be held, assignments will be given at this time, and workers will be divided into teams if necessary.
5. Photos or a sketch will be made of the disaster site, and if desired the scene will be divided into sections with the recovery teams assigned to particular sections.
6. Suitable stakes or markings will be placed at the location of each body and numbers will be assigned to each body.
7. Bodies will be tagged and records kept noting the location in which the body was found. (The County Coroner will develop this tag numbering system.)
8. Personal effects of the dead will be tagged and data recorded noting location found.
9. When necessary, bodies will be placed in a body pouch and a tag with corresponding numbers will be placed on the pouch.
10. Valuables such as wallets, attached jewelry, etc. will not be removed at the disaster site. These will remain on the body.
11. Bodies will be removed from immediate disaster site via litter or stretcher into the evacuation area.
12. The major support group for this recovery task will be members of the MFDA Disaster Response Team.

EVACUATION OPERATIONAL GUIDELINES:

1. Evacuation operations will be coordinated by the Coroner and the MFDA Disaster Response Team Coordinator.
2. A survey and assessment of the situation will be made by the Coroner and Mortuary Disaster Response Team Coordinator. They will note the approximate number of dead, type of terrain, necessary personnel and equipment needed.
3. Before operations begin, a briefing will be held, assignments given and teams formed if desired.
4. Bodies will be covered when transported.
5. All vehicles used for transport will be covered except when not possible.
6. Vehicles should travel the same route from disaster site to morgue site. This route will be established in coordination with local traffic control agencies.
7. Vehicles should travel at a moderate pace and in convoy style.
8. Records will be kept noting vehicle ID and body tag number, as well as driver ID.
9. Evacuation teams will take care not to overload the morgue site with incoming bodies.
10. The major support group for this task will be the MFDA Disaster Response Team.

MORGUE SITE:

1. A list of possible morgue sites will be maintained for use in the event of a disaster.
2. Once a morgue site has been selected the Coroner and the MFDA Disaster Response Team Coordinator will organize its operations and assign personnel to some or all of the following job titles:

Uniformed Guards, information clerks, counselors, interviewers, telephone communicators, admissions clerk, general supervisor, ID personnel, orderlies, personal effects custodian, embalming supervisor, embalmers, secretaries, inventory clerk, distribution clerk, etc.
3. The morgue site will be used for the storage, identification, sanitation, preservation if desired, as well as the distribution point for release of the dead to their next of kin or their agent.
4. Refrigeration units will be utilized as necessary.
5. Bodies admitted to the morgue will be logged and necessary information gathered and recorded about each body.
6. Personal effects will be recorded and placed in a secure area.

7. Should embalming be necessary the Coroner will rely on the MFDA Disaster Response Team to organize the operations, equipment, supplies, and personnel needed.
8. An area will be designated for the press.
9. Counselors such as members of the clergy will be present in waiting areas to assist persons visiting the morgue.

IDENTIFICATION OF THE DEAD:

The Coroner will arrange for the necessary equipment and staff to accomplish this task. The members of the MFDA Disaster Response Team will be at his/her disposal to be of assistance where needed.

NOTIFICATION OF NEXT OF KIN:

The Coroner, with the assistance of the MFDA Disaster Response Team, will determine the most practical method to be utilized in contacting the next of kin. Every effort will be made to lessen the extreme psychological impact on the families of those dead. The nature and scope of the disaster will determine what methods will be used.

COUNSELING OF SURVIVORS:

The Coroner and the MFDA Disaster Response Team will keep listings of local clergy and/or responsible persons trained in counseling with grieving survivors. These personnel will be asked to report to the waiting area of the morgue site to assist families that visit the morgue site. Phone counselors will also assist persons calling the morgue site. Efforts will be made to keep the families of the dead posted as to what is taking place and information will be released to them as best possible.

DISTRIBUTION OF THE DEAD:

Once the body has been positively identified the next of kin will be contacted with this confirmation. At this point the Coroner or MFDA Disaster Response Team personnel will coordinate the release of the body to the next of kin or their agent. All efforts will be made to cooperate with the receiving agent or family. However, the nature and scope of the disaster may require policies that may appear unfair or delayed. These policies may be necessary for the smooth flow of operations at the morgue site. All policies will be made or approved by the Coroner before implemented.

In situations where there are UNIDENTIFIED dead, the Coroner will make the decision about their disposition. Mass burial may be necessary and location of burial sites will be determined at the time. It is suggested, however, that cremation not be utilized as later identification and exhumation may be practical and necessary. Records will be kept of burial locations and body tag number will be interred with the body to make later efforts of identification easier.

TERMINATION PROCEDURES:

After the disaster clean-up operations are completed efforts will be made to return donated equipment and supplies. Cleaning and sanitizing of the morgue site will be necessary. Records compiled during the operations will be arranged in some type of systematic order and efforts will be made to preserve and store these records for future use if necessary.

MORTUARY RESOURCES:

Resource lists pertaining to mortuary services will be compiled by the County Coroner. This information will be furnished to the Emergency Management Director and incorporated into the County resource file. These lists will include:

1. Funeral Service Firms - see Appendix 3 to this Annex
2. Personnel
 - a. Recovery Team personnel for locating and tagging the dead.
 - b. Evacuation Team personnel for transferring remains from disaster site to temporary morgue.
 - c. Embalmers - Funeral Directors
 - d. Orderly Team personnel to assist in all aspects at the morgue site.
 - e. Interviewers to obtain vital statistics from next of kin.
 - f. Other - Radiation Specialists, Counselors, Dentists, Pathologists, Telephone Operators
3. Equipment
 - a. Transport Vehicles - Hearses, 4-WD vehicles
 - b. Litters, cots, basket stretchers, etc.
 - c. Embalming equipment - Embalming Tables, Electric Aspirators, Hydro-Aspirators (much of this equipment will be appropriated through the MFDA disaster fund).
 - d. Other - Generators, Water Trucks, Refrigeration Trucks, Containers for capturing drainage, Linen Supplies, Body Pouches.